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ENCLOSUR	·	ck all that apply)	0926F009	
Total Number of Pages in This Submission	4	Attorney Docket Number	6928P009	
		Examiner Name	Unknown	
		Art Unit	2632	
(to be used for all correspondence after ini	tial filing)	First Named Inventor	Christopher J. Diorio	ristopher J. Diorio
TRANSMITTAL FOR		Filing Date	April 13, 2004	
TDANSMITTAL FOR	DR/I	Application No.	10/824,073	`

ENCLOSURES (shock off that analys)						
ENCLOSURES (check all that apply)						
Fee Transmittal Fo	orm	Drawing(s)	After Allowance Communication to Group			
Fee Attache	ed	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences			
Amendment / Resp	ponse	Petition	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final Affidavits/declaration(s)		Petition to Convert a Provisional Application	Proprietary Information			
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address	Status Letter			
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Information Disclosure Statement		Request for Refund	Request for Withdrawl of Attorney Or Agent and			
PTO/SB/08  Certified Copy of Priority		CD, Number of CD(s)	Change of Correspondence Address (2) pages.			
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Response to Missing Parts/ Incomplete Application		Remarks				
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Response to Parts under 1.52 or 1.53	o Missing 37 CFR					
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Firm or	Robert D. O Rourke, Reg. 140, 40,972					
Individual name BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP						
Signature						
Date 10/25/04						
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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF **CORRESPONDENCE ADDRESS** 

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Application Number	10/824,073		
Filing Date	4/13/2004		
First Named Inventor	Christopher J. Diorio, et al.		
Art Unit	2632		
Examiner Name	Unassigned		
Attorney Docket Number	6928P009		

To: Commissioner for P.O. Box 1450 Alexandria, VA 2					
Please withdraw me	e as attorney or agent for the abo	ove identified pater	nt application, and		
all the attorney	ys/agents of record.				
the attorneys/a	agents (with registration number	rs) listed on the atta	ched paper(s), or		
the attorneys/a	agents associated with Custome	er Number	<del></del>		
	ox can only be checked when the checked when the contract of t		y of record in the a	pplication is to all the	
The reasons for this requ	uest are: Discontinuation of attorn	ey-client relationship.			
	CORRESPO	NDENCE AD	DRESS		
1. The correspond	ence address is NOT affected b	y this withdrawal.			
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The address associated with Customer Number:					
OR					
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City	Minneapolis	State <sub>MN</sub>		Zip 55402	
Country	USA	1			
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Signature					
Name Robert B. O'Re	Surke		Registration No	O. 46,972	
Date (0/25)	04		Telephone No.	Telephone No. (408) 947-8200	
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